City of Grapevine Medical Plan Benefit Designs 2010 - 2011 Plan Year

	Platinum Gold						
Coverage	In Net	Out of Net	In Net	Out of Net	Platinum	Monthly	Bi-weekly
-		\$3,000	\$1,750	\$2,250	i iquiionii	Premiums	Premuims
Individual Deductible	\$2,500				EE Only	\$0	\$0
Family Deductible	\$5,000	\$6,000	\$3,500	\$4,500 60%	EE + Child	\$33	\$15.23
Co-Insurance %	80%	60%	80%	60%			\$13.23 \$17.08
Out of Pocket (incl. Deductible)			40 7750	00.050	EE + Spouse	\$37 \$60	
Single OOP	\$3,500	\$4,000	\$2,750	\$3,250	EE + Family	\$60	\$27.69
Family OOP	\$7,000	\$8,000	\$5,500	\$6,500			
Dr. Copay	*see below	*see below	*see below	*see below			
HRA (Single)	\$1,000		\$1,000		Gold		
HRA (Family)	\$2,000		\$2,000			_	
Threshold Deductible net OOP					EE Only	\$0	\$0.00
Individual Threshold	\$1,500	\$2,000	\$750	\$1,250	EE + Child	\$67	\$30.92
Family Threshold	\$3,000	\$4,000	\$1,500	\$2,500	EE + Spouse	\$74	\$34.15
Individual Net OOP	\$2,500	\$3,000	\$1,750	\$2,250	EE + Family	\$120	\$55.38
Family Net OOP	\$5,000	\$6,000	\$3,500	\$4,500			
_							
	i l						
	HSA See	i Money					
	Single	\$400					
	Family	\$800					
	0:1-		D				
•		Silver Bronze			Cilven		
Coverage	i	Out of Net	In Net	Out of Net	Silver		
Individual Deductible	\$2,000	\$2,500	\$500	\$1,000			AC 00
Family Deductible	\$4,000	\$5,000	\$1,000	\$2,000	EE Only	\$21	\$9.69
Co-Insurance %	80%	60%	80%	60%	EE + Child	\$100	\$46.15
Out of Pocket (incl. Deductible)					EE + Spouse	\$111	\$51.23
Single OOP	\$3,000	\$3,500	\$ 1,50 0	\$2,000	EE + Family	\$180	\$83.08
Family OOP	\$6,000	\$7,000		\$4,000			
Dr. Copay		*see below	*see below	*see below			
HRA (Single)	\$750		\$0				
HRA (Family)	\$1,500		\$0		Bronze		
Threshold Deductible net OOP				ļ			
Individual Threshold	\$1,250	\$1,750	\$500	\$1,000	EE Only	\$28	\$12.92
Family Threshold		\$3,500		\$2,000	EE + Child	\$133	\$61.38
Individual Net OOP		\$2,750		\$2,000	EE + Spouse	\$1 4 8	\$68.31
Family Net OOP	\$4,500	\$5,500		\$4,000	EE + Family	\$240	\$110.77
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*subject to the deductible then pa	id at co-insura	ance rate					
HRA & HSA seed money contributed by the City					Dental		
					EE Only	\$0	\$0.00
•					EE + Child	\$15	\$6.92
					EE + Spouse	\$15	\$6.92
		*			EE + Family	\$20	\$9.23
					Vinter		
					Vision		
					EE Only	\$0	\$0.00
					EE + Child	\$15	\$6.92
					EE + Spouse	\$15	\$6.92
					EE + Family	\$20	\$9.23
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